

Mr & Mrs P C Kadchha

Noss Mayo Residential Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Noss Mayo Residential Home is a residential care home providing personal and nursing care to 11 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

People's experience of using this service and what we found

Organisational governance and quality assurance arrangements had either not been developed or had not been effective in monitoring and improving the quality and safety of the service.

The provider demonstrated a variety of systems to monitor the quality of the service. However, the processes in place needed time to be embedded and further developed to show the improvements found would be sustained.

Medicines management had been updated giving clear guidance to staff when administering medicines. Further improvements were needed to identify shortfalls when auditing.

Staff received appropriate training in relation to their role, additional specific training was available to staff to meet the needs of people they support.

Staff followed national guidance in relation to wearing personal protective equipment during the COVID-19 outbreak. This practice was monitored by the manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 24 December 2020). We found breaches of regulations and the provider was served with Warning Notices. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 12 and 18 but remained in breach of Regulation 17.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Noss Mayo Residential Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment, Regulation 17 Good Governance and Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we also looked at the infection control and prevention measures in place. This was done so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Noss Mayo is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider is currently recruiting a manager for the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the provider, manager and senior care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including quality audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Staffing; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People did not always receive their prescribed medicines or topical medicines. We found instances of people not receiving their prescribed medicines. We also found in one record information had not been transferred correctly therefore it was unclear who prescribed the medicines. There was no evidence to suggest these issues had been identified or resolved, putting people at increased risk of not receiving their medicines as prescribed.
- 'As required' medicines had protocols in place to provide staff with guidance on how and when to administer these medicines. Some work was still required to ensure topical medicines documentation was completed correctly. The manager and provider accepted this was an area to further develop.
- During this visit we saw staff were wearing appropriate PPE and showed a good knowledge of when the equipment should be worn and how to don and doff their PPE. Staff had been provided with training following our last visit which had supported their knowledge. The manager undertook regular checks to ensure staff practices were in line with government recommended guidance.
- Risks to people's safety had been identified and their care was centred around managing and reducing these risks. One care plan we viewed had guidance on how to support a person with pressure care wounds. The manager had additionally put a daily system in place to ensure pressure wounds were assessed and appropriate action taken in a timely way. Staff had guidance to help them effectively support the person.
- The environmental risk identified at our last inspection had been addressed, we could see improvements had been made to the building, reducing risks to people's safety.

At our last inspection the provider had failed to robustly assess the risks relating to staff deployment and staff training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last visit the provider and manager had accessed an online training resource to support staff with training needs. The training matrix we reviewed showed training was being undertaken to ensure staff had training for their roles. This included supporting people with specific health conditions such as pressure area care. However, the provider failed to ensure staff had ongoing support and competencies necessary for their role, putting people at risk of avoidable harm.
- We found an adequate amount of staff continued to be deployed at night as identified in the last inspection. However, there was no evidence of any systems to monitor adequate staffing levels overall on an ongoing basis.
- The provider had not developed a staffing tool. By observation the manager had identified more staff were required to meet the needs of the people during the day. However; there was no documented evidence how additional staffing needs were identified and how this was monitored. Therefore, it was unclear how they were assured that suitable numbers of staff were deployed to meet people's needs.
- Following the inspection the provider took action to address this and demonstrated an staffing tool had been implemented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to assess and monitor the quality of the service and take action to address a wide range of potential risks to people's safety and well-being. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- At this inspection the provider demonstrated a variety of systems to monitor the quality of the service. However, organisational governance and quality assurance arrangements had been ineffective in monitoring and improving the quality and safety of the service. This was evidenced by a failure to address actions regarding monitoring safe staffing levels following the previous inspection, alongside the delay to implement infection control processes.
- Organisational governance and quality monitoring arrangements had also been ineffective in assessing, monitoring and mitigating potential risks to people's safety, as evidenced by not identifying medicines administration issues and staff competencies.
- At this inspection we found where the provider had implemented systems to monitor the safety and effectiveness of service provision, these were not operated consistently. During our inspection there was no evidence audits such as staff training and competencies, safe staffing and care planning were being carried out by the provider or the manager. The failure to ensure these audits were undertaken significantly restricted the providers ability to identify risks and shortfalls and exposed people to the avoidable risk of harm and poor-quality care.
- The medicines audits had not been fully developed or embedded. We found evidence medicines had not been administered according to people prescribed instruction due to information not transferred correctly. This meant opportunities had been missed to proactively identify and address potential risks to people's safety and welfare. The provider failed to establish an effective system to monitor and mitigate risk relating to the administration and oversight of medicines for people. This meant people's health needs were not effectively managed which placed them at increased risk of health deterioration.

- The manager confirmed since the last inspection Oct 2020 only 80% of care plans had been renewed and completed, with the remaining 20% still outstanding. We requested evidence that all care plans were being reviewed during this time. However, the manager informed us that the paperwork was ready but had not been implemented as they were waiting for all care plans to be renewed before any audit process began. No interim measures had been adopted by the provider, the provider had failed to ensure there were an adequate system in place which increased the risk to people's health, safety and welfare.
- Although we saw the manager and provider had sourced online training for staff, no system had been developed to ensure staff competencies. This led to an incident where people were placed at risk of harm due to staff using unsafe moving and handling practices. The provider failed to ensure staff were competent to meet the needs of people putting them at risk of avoidable harm.
- During the inspection, we reviewed your arrangements for deploying staff, the provider had still not developed a staffing calculator since the October 2020 inspection. We found no evidence of any systems to effectively deploy and monitor adequate staffing levels, despite the local authority contracting officer supplying you with staffing calculator templates, the provider and manager informed us they did not understand them. As a provider you failed to develop a system which reviewed staffing levels when people's needs changed or when new people came into the service.
- We found that despite ongoing COVID-19 risks, the systems used to prevent and control the spread of infection were not fully embedded, increasing risks to the health, safety and welfare of people. The provider had not ensured infection prevention and control measures were effective. There was no clear evidence of enhanced cleaning or handwashing competencies checks being carried out by the provider or the manager and only one infection control audit dated February 2021. The manager told us the infection control file had been developed but was not implemented yet.
- You demonstrated evidence of PPE audits however, the processes in place need time to be embedded and further improved to show this would be sustained.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to assess and monitor the quality of the service. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective systems and processes to monitor the quality of the service.

The enforcement action we took:

Notice of Proposal to impose conditions.